

Freedom of Information Act Request

Requestor's Name _____

Address _____ Office _____

Telephone _____

Person Receiving Request Name _____ Title _____

Records Requested (Be specific) _____

Indicate inspection/copy ☐ Inspection ☐ Copy Certified copies? ☐ Yes ☐ No

Signature of Requestor ☒ _____ Date _____

The office will respond to a request for public records within 7 working days after its receipt. If your request is denied, you may appeal. Appeals should be addressed to the Chairman of the McLean County Board.

For office use only

Response: _____ Date: _____ Records Available ☐ Yes ☐ No

Copies Made ☐ Yes ☐ No How many: _____ Fee: _____

Signature: ☒ _____ Date: _____

Request denied/reason: _____

Comments: _____